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CONFIRMATION NO. 8508

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| SERIAL NUMBER 10/675,988 | FILING DATE 10/02/2003 RULE | CLASS 399 | GROUP ART UNIT 2852 | ATTORNEY DOCKET NO. 03560.003360 | |
| APPLICANTS Fumitake Hirobe, Ibaraki, JAPAN; | | | | | |
| ** CONTINUING DATA ***** <div style="text-align: right; margin-right: 100px;">NONE 8/29/05 WGR</div> | | | | | |
| ** FOREIGN APPLICATIONS ***** JAPAN 2002-293917 10/07/2002 <div style="text-align: right; margin-right: 100px;">OK 8/29/05 WGR</div> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/08/2004 | | | | | |
| <div>Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</div> <div>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</div> <div>Verified and Acknowledged <div style="display: inline-block; width: 150px; border-bottom: 1px solid black; text-align: center;">William D. Boyer</div> <div style="display: inline-block; width: 50px; border-bottom: 1px solid black; text-align: center;">WGR</div> Examiner's Signature Initials</div> <td style="text-align: center; vertical-align: top;">STATE OR COUNTRY JAPAN</td> <td style="text-align: center; vertical-align: top;">SHEETS DRAWING 5</td> <td style="text-align: center; vertical-align: top;">TOTAL CLAIMS 13</td> <td style="text-align: center; vertical-align: top;">INDEPENDENT CLAIMS 2</td> | | STATE OR COUNTRY JAPAN | SHEETS DRAWING 5 | TOTAL CLAIMS 13 | INDEPENDENT CLAIMS 2 |
| ADDRESS 5514 FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK , NY 10112 | | | | | |
| TITLE Developing device including two developer carrying members | | | | | |
| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> | | |